

# HOLIDAY CAMP

Pre-Registration is required by December 23, 2021

Just because it's not summer doesn't mean we can't have camp FUN! Join us at the Y for some winter-themed activities such as Arts & Crafts , Sports in the gym, group games, swimming and more!

### TIME: 9:00am-5:00pm

**Additional Fees: (optional)** 

\$10.00 per day - 8:00-9:00am - AM extended hours \$10.00 per day - 5:00-6:00pm - PM extended hours \$75.00 per week - Both AM & PM extended hours

**AGES**: 5-12

FEES: \$200 for the week for children currently

enrolled in our After-School Programs

Members/Non Members: \$250 for week

**DATES**: December 27<sup>th</sup>-December 31<sup>th</sup>

### **WHAT TO BRING:**

Swimsuit and towel

Lunch (NO NUT PRODUCTS PLEASE)

Snack

#### **CONTACT**:

Welcome Center
914-632-1818 or frontdesk@nrymca.org
www.nrymca.org



# Winter Break The New Rochelle YMCA Kidz club Fun Day December 27<sup>th</sup> - December 31<sup>th</sup> Age 5-12

Have your child spend their Winter Break with the YMCA! Swimming, Sports in the Gym, Arts & Crafts. Games.

## THE PROGRAM STARTS AT 9:00AM AND ENDS AT 5:00PM Children Must Bring Morning Snack, Lunch Swim Wear & Swim Cap Daily\*

\$200 for the week for children currently enrolled in our After-School Programs \$40 per day / per child/enrolled in After-School Programs

Members & Non-Members: \$250 for the week/per child Members & Non-Members: \$50 per day/per child

□Monday 12/27 □Tuesday 12/28 □Wednesday 12/29 □Thursday 12/30 □Friday 12/31								
Please note: If your child is not currently enrolled in one of our afterschool programs, you must include a copy of the immunization records from your child's physician. If fewer than 7 children enroll, the program will be cancelled and you will be informed by phone on Thursday December 23, 2021.								
Child's Name		GradeScl	hool					
Address		Date of Birth						
Mother'sName	Home#	Cell#	Work#					
Father's Name	Home#	Cell#	Work#					
Guardian's Name	Home#	Cell#	Work#					
Email's (parent#1	(paren	t#2	Guardian					
Two Emergency Contact Name	J	Phon	e:					
Name		Phon	ne:					
Allergies								
Medications								
Restrictions								

I give my child permission to participate in The YMCA of New Rochelle Inc. School's out Program. I will not hold the YMCA, Board of Directors, Advisory Board Staff or Volunteers liable for any injuries that might occur as a result of my child participation in the program.

Parent's/Guardian's Signature: _	
Date:	